



HAWAII STATE ETHICS COMMISSION ORGANIZATION'S OR INDIVIDUAL'S EXPENDITURES AND CONTRIBUTIONS REPORT

(To be filed by organizations, employing organizations and individuals
other than registered lobbyists)

FORM ORG

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RECEIVED

HAWAII STATE ETHICS COMMISSION
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copy

For lobbying reporting period:

☒ January 1 - last day of February

☐ March 1 - April 30

☐ May 1 - December 31

Year of Report 2005

Contact person Alison Powers

Phone 521-7233

Organization Hawaii Insurers Council

Mailing Address 1001 Bishop St., Pauahi Tower Suite 2010

Honolulu, HI 96813-3695

PART I. TOTAL EXPENDITURES

The total sum or value of all expenditures for the purpose of lobbying during the statement
period was: \$ 14,983.68 ~~23,540.32~~ *pl 4/5/05*

EXPENDITURES

Category	Total Amount	Category	Total Amount
1. Preparation & distribution of lobbying materials	\$0.00	7. Entertainment	\$0.00
2. Media advertising	\$0.00	8. Food & beverages	\$0.00
3. Telegraph, telephone and other forms of telecommunication	\$0.00	9. Gifts	\$0.00
4. Postage	\$0.00	10. Loans	\$0.00
5. Compensation paid to lobbyists	23,540.32 \$14,983.68 <i>pl 4/5/05</i>	11. Other disbursements	\$0.00
6. Fees (other than to lobbyists)	\$0.00	TOTAL EXPENDITURES	23,540.32 14,983.68 <i>pl 4/5/05</i>

COMPENSATION PAID TO LOBBYISTS

List in this section the names of all lobbyists and compensation paid to the lobbyists during the statement period.

Name	Address	Compensation paid
Fred Hirayama	590-A Haleloa Pl., Honolulu, HI 96821	\$2,610.00
Alison Powers	1001 Bishop St., Suite 2010, Honolulu 96813	\$1,953.68
Mario Ramil	1001 Bishop St., Suite 2010, Honolulu 96813	\$10,420.00

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List in this section all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

- ☒ This section is not applicable
- ☐ Expenditures incurred in the total sum of \$25 or more per person per day were made for the following persons:

Name & Address	Amount or value

AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

List in this section all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

- ☒ This section is not applicable
- ☐ Expenditures incurred in the aggregate of \$150 or more per person were made for the following persons:

Name & Address	Amount or value

PART II. CONTRIBUTIONS RECEIVED

List in this section all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

- ☒ This section is not applicable
- ☐ Contributions received in the total sum of \$25 or more per person were received from the following persons:

Name & Address	Amount or value

PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input checked="" type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input checked="" type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | <u>Property & casualty insurance</u> |

I hereby certify that the statements made above are correct and complete to the best of my knowledge.

4/12/05

3/29/05

(Signature of authorized person)

(Date)

Name of authorized person (type or print) BEN BONDROFF

Title of authorized person PRESIDENT